

UNITED STATES DISTRICT COURT

WESTERN DISTRICT

PENN SYLVANIA

04cv40254NB

DISTRICT OF

RECEIVED
 APPLICATION TO PROCEED
 WITHOUT PREPAYMENT OF
 FEES AND AFFIDAVIT
 DEC 27 2004

CASE NUMBER:

I, GEORGE WOODEN JR

declare that I am the (check appropriate box)

☒ petitioner/plaintiff/movant ☐ other

in the above entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 U.S.C. § 1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No" go to part 2)

If "Yes" state the place of your incarceration FEDERAL MEDICAL CENTER BUTNER

Are you employed at the institution? NO Do you receive any payment from the institution? NO

Have the institution fill out the Certificate portion of this affidavit and attach a ledger sheet from the institution(s) of your incarceration showing at least the past six months' transactions.

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "Yes" state the amount of your take home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "No" state the date of your last employment, the amount of your take home salary or wages and pay period and the name and address of your last employer.

F.C.I. MCKEAN P.O. BOX #8000 BRADFORD, PA. 16701 IN (2002)
RECREATION ORDERLY SALARY \$ 30.00 MONTHLY ONLY WORKED FOR
1 MONTH AND A HALF. BOSS NAME IS JOHN RIMER RECREATION ORDERLY

3. In the past twelve months have you received any money from any of the following sources?

- | | | |
|---|---|--|
| a. Business, profession or other self-employment | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| b. Rent payments, interest or dividends | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| c. Pensions, annuities of life insurance payments | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| d. Disability or workers compensation payments | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| e. Gifts or inheritances | Yes <input checked="" type="checkbox"/> | No <input checked="" type="checkbox"/> |
| f. Any other sources | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |

If the answer to any of the above is "yes" describe each source of money and state the amount received and what you expect you will continue to receive. BROTHERS SENT ME MONEY FOR MY BIRTHDAY

SEAN SENT ME \$40.00 & TOMMY SENT ME \$40.00 A FRIEND SENT ME \$32.00
FOR MY BIRTHDAY. I AM NOT EXPECTING ANY MORE MONEY FROM NOONE.

4. Do you have any cash or checking or savings accounts? ☐ Yes ☒ No

If "yes" state the total amount. _____

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property? ☐ Yes ☒ No

If "yes" describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

NONE

I declare under penalty of perjury that the above information is true and correct.

12/22/04
DATE

[Signature]
SIGNATURE OF APPLICANT

CERTIFICATE

(Incarcerated applicants only)

(To be completed by the institution of incarceration)

*1m Wooden did appear
before me this 22nd
day of December
2004*

I certify that the applicant named herein has the sum of \$ 0 on account to his/her credit at (name of institution) _____. I further certify that the applicant has the following securities to his/her credit: _____. I further certify that during the past six months the applicant's average balance was \$ 100.

A ledger sheet showing the past six months' transactions:

☐ is attached ☐ is not available at this institution

12/22/04
DATE

[Signature]
SIGNATURE OF AUTHORIZED OFFICER

*Commission expires 5/1/06
Elaine B Martinez*

Inmate Inquiry

Inmate Reg #: 56075066
 Inmate Name: WOODEN, GEORGE
 Report Date: 12/05/2004
 Report Time: 3:14:04 PM
 Current Institution: Butner FMC
 Housing Unit: MED/SURG
 Living Quarters: J02-01UL

General Information | Account Balances | Commissary History | Commissary Restrictions | Comments

General Information

Administrative Hold Indicator: No

No Power of Attorney: No

Never Waive NSF Fee: No

Max Allowed Deduction %: 100

PIN: 8986

FRP Participation Status: ExemptTmp

Arrived From: FAI

Transferred To:

Account Creation Date: 3/15/2002

Local Account Activation Date: 6/3/2004 4:39:20 AM

Sort Codes:

Last Account Update: 11/23/2004 8:46:44 AM

Account Status: Active

ITS Balance: \$0.00

FRP Plan Information

FRP Plan Type	Expected Amount	Expected Rate
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Account Balances

Account Balance:	\$0.02
Pre-Release Balance:	\$0.00
Debt Encumbrance:	\$0.00
SPO Encumbrance:	\$0.00
Other Encumbrances:	\$0.00
Outstanding Negotiable Instruments:	\$0.00
Administrative Hold Balance:	\$0.00
Available Balance:	\$0.02
National 6 Months Deposits:	\$212.00
National 6 Months Withdrawals:	\$237.48
National 6 Months Avg Daily Balance:	\$29.92
Local Max. Balance - Prev. 30 Days:	\$53.32
Average Balance - Prev. 30 Days:	\$13.41

Commissary History

Purchases

Validation Period Purchases: \$20.70

YTD Purchases: \$63.15

Last Sales Date: 11/23/2004 8:46:44 AM

SPO Information

SPO's this Month: 0

SPO \$ this Quarter: \$0.00

Spending Limit Info

Spending Limit Override: No

Weekly Revalidation: No

Spending Limit: \$290.00

Expended Spending Limit: \$13.30

Remaining Spending Limit: \$276.70

Commissary Restrictions

Spending Limit Restrictions

Restricted Spending Limit: \$0.00

Restricted Expended Amount: \$0.00

Restricted Remaining Spending Limit: \$0.00

Restriction Start Date: N/A

Restriction End Date: N/A

Item Restrictions

List Name	List Type	Start Date	End Date	Userid	Active
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Comments

Comments:

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